

**NOTICE OF ADOPTION  
MEDICAL HISTORY**

CASE NUMBER

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

**IN THE MATTER OF THE ADOPTION OF**

**NOTICE OF ADOPTION  
MEDICAL HISTORY**

\_\_\_\_\_, a minor.

Notice to:

Bureau of Vital Statistics  
P. O. Box 95007  
Lincoln, Nebraska 68509-5007

You are advised that on \_\_\_\_\_, \_\_\_\_\_, I have determined that in the adoption of

\_\_\_\_\_  
(new adoptive name)

- ☐ The medical history of the biological father is unavailable.
- ☐ The medical history of the biological mother is unavailable.
- ☐ This is a step-parent adoption; the court has determined that a medical history is not required in this case.

☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

BY THE COURT: \_\_\_\_\_ (seal)  
(Clerk)

